



Student Name \_\_\_\_\_ XU ID# \_\_\_\_\_

**2. What is the evidence supporting the diagnosis (es)?** *Please provide a copy of any test results supporting the diagnosis (es) ational evaluation, etc.) or other information used to reach the diagnosis.*

**3. How long has the student experienced this condition and what is the expected duration?**

**4. What is the impact of the condition in the living environment? And what is the severity of that impact (mild/moderate/severe) please explain.**

**5.**